

Express Mail Label: _____

Attorney Docket No.: _____

Combined Declaration and Power of Attorney for Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INFORMATION ACCESS USING ONTOLOGIES

the specification of which is attached hereto unless the following box is checked:

☒ was filed on July 22, 2004 as United States Application Number or
PCT International Application Number PCT/IL2004/000667 and was
amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent or inventor's certificate or PCT international application having a filing date before that of the application on which priority is claimed.

| Application No. | Country | Filing Date | Priority Claimed | |
|-----------------|---------|-------------|------------------------------|-----------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

[Signature]

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

| Application Serial No. | Filing Date |
|------------------------|---------------|
| 60/489,768 | July 22, 2003 |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| Application Serial No. | Filing Date | Patent No. (if applicable) |
|------------------------|-------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: *(list name and registration number)*

Gordon D. Coplein #19,165, Michael J. Sweedler #19,937, S. Peter Ludwig #25,351, Paul Fields #20,298, Marc S. Gross #19,614, Joseph B. Lerch #26,936, Melvin C. Garner #26,272, Adda C. Gogoris #29,714, Bert J. Lewen #19,407, Henry Sternberg #22,408, Peter C. Schechter #31,662, Robert Schaffer #31,194, Robert C. Sullivan, Jr. #30,499, Joseph R. Robinson #33,448, Scott G. Lindvall #40,325, Paul F. Fehner, Ph.D. #35,135, David Leason #36,195



Attorney Docket No.: _____

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(212) 527-7700

(name and telephone number) S. Peter Ludwig

Full name of sole or first inventor:

Zev Toledano

Inventor's signature:



Date:

19/1/06

Residence:

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Citizenship:

Israel

Post Office Address:

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Full name of second inventor, if any:

Jair Jehuda

Inventor's signature:

Date:

Residence:

Mitspe Netofa, Israel

Citizenship:

Israel

Post Office Address:

Mitspe Netofa 51, Lower Galilee 15295, Israel

Full name of third inventor, if any

Inventor's signature:

Date:

Residence:

Citizenship:

Post Office Address:

Full name of fourth inventor, if any:

Inventor's signature:

Date:

Residence:

Citizenship:

Post Office Address:

52 418

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| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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Attorney Docket No.: _____

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Full name of second inventor, if any: Jair Jehuda

Inventor's signature: X

Date: X

Jan 17, 2006

Residence: Mitzpe Netofa, Israel

Citizenship: Israel

Post Office Address: Mitzpe Netofa 51, Lower Galilee 15295, Israel

Full name of third inventor, if any: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fourth inventor, if any: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____